

MARGIN RESERVE FOR BINDING
 WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila
 District of _____
 Town of Hayden
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
 County Registrar No. _____
 Local Registrar No. 49

2. Full name of child Jean Munios (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth June 8 1925
 Month Day Year

8. FATHER
 Full name Jean Munios
 9. Residence (Usual place of abode) Hayden Ariz
 If non-resident, give place and state. _____
 10. Color or race Mexican
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Jalisco (State)
 (State or country) Mexico
 13. Occupation laborer
 Nature of industry Mill

14. MOTHER
 Full maiden name Francisca Encinas
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state Arizona
 16. Color or race Mexican
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) Phoenix
 (State or country) Arizona
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m. on the date above stated (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Charles H. Hunt MD. (Physician or midwife).
 Address Hayden Arizona

Given name added from a supplemental report. Filed June 12 1925 V. D. P. D. J. D. S. Local Registrar.
 Registrar _____ County Registrar _____

142-606-652